

APPENDIX A

DEPARTMENT OF HEALTH SERVICES

REQUIRED FORMS

FOR

REQUEST FOR STATEMENT OF QUALIFICATIONS

(RFSQ)

TRANSPORTATION OVERFLOW SERVICES

***Available only as electronic fillable forms in the DHS
Contracts and Grants Portal at <http://cg.dhs.lacounty.gov/>***

***Note: To use the fillable form features in the Word document forms, you
must restrict editing in the developer tab prior to filling in the form.***

APPENDIX A – REQUIRED FORMS
TABLE OF CONTENTS

<u>Exhibits</u>		<u>Page</u>
1	VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT	1
2	PROSPECTIVE CONTRACTOR REFERENCES	5
3	COMMUNITY BUSINESS ENTERPRISE INFORMATION	6
4	CERTIFICATION OF NO CONFLICT OF INTEREST	7
5	ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS	8
6	CHARITABLE CONTRIBUTIONS CERTIFICATION	9

REQUIRED FORMS - EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Page 1 of 4

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in an Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name	State	Year Inc.
Address		

2. The firm must be registered with the California Secretary of State in order to do business with the County. Provide the following:

Title	CA Secretary of State Entity Number

3. All Firms must register on the County's WebVen. Registration can be accomplished online via the Internet by accessing the County's home page at <http://camisvr.co.la.ca.us/webven/>. Provide Agency's County WebVen Number:

4. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

5. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Yr. became DBA
Name	County of Registration	Yr. became DBA

If your firm is going to use a DBA for this Agreement, please provide the Fictitious Business Name Statement filed with the LA County Registrar Recorder with the corresponding name.

6. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ☐ No ☐ Yes **If yes,**
Name of parent firm:
- State of incorporation or registration of parent firm:
7. Please list any other names your firm has done business as within the last five (5) years.
- | Name | Yr. of Name Change |
|------|--------------------|
| | |
| Name | Yr. of Name Change |
| | |
| Name | Yr. of Name Change |
| | |
8. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

COMPLIANCE WITH SPECIFIC COUNTY PROVISIONS

Page 3 of 4

Firm acknowledges and certifies compliance with all terms and conditions outlined in Appendix H, Master Agreement, and the following specific Los Angeles County codes and provisions:

1.	Appendix E, Master Agreement, Paragraph 8.3 – Certification Regarding Debarment, Suspension, Ineligibility & Voluntary Exclusion – Lower Tiered Covered Transactions (2 C.F.R. Part 376).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	The Los Angeles County Code, Chapter 4.32.010 and Appendix E, Master Agreement, Paragraph 8.5 – Compliance with Civil Rights Laws, Anti-Discrimination and Affirmative Action Laws.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Appendix E, Master Agreement, Exhibit F – Compliance with County's Jury Service Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	The Los Angeles County Code, Chapter 2.202 and Appendix E, Master Agreement, Paragraph 8.32– Contractor Responsibility and Debarment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	The Los Angeles County Code, Chapter 2.200 and Appendix E, Master Agreement, Paragraph 8.32 – Contractor's Warranty of Adherence to County's Child Support Compliance Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	The County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206 and Appendix E, Master Agreement, Paragraph 8.32– Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Appendix E, Master Agreement, Paragraph 8.16 – Indemnification, Paragraph 8.17 – General Provisions for All Insurance Coverage and Paragraph 8.18 – Insurance Coverage. Firm shall submit proof of insurability prior to execution of an Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Appendix E, Master Agreement, Paragraph 8.44 – Compliance with County's Zero Tolerance Policy on Human Trafficking.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Appendix E, Master Agreement, Paragraph 8.45 – Compliance with Fair Chance Employment Hiring Practices Certification.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	The County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Appendix E, Master Agreement, Paragraph 8.47 - Prohibition from Participation in Future Solicitation(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.4 – Vendor’s Minimum Qualifications, of this Request for Statement of Qualifications.

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Vendor’s Name

On behalf of _____ (Vendor’s name), I _____ (Name of Vendor’s authorized representative), certify that the information contained in this Vendor’s Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Title

Date

Address		
E-mail address:	Telephone number:	Fax number:
	- -	- -

REQUIRED FORMS - EXHIBIT 2 PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name:

List _____ References where the same or similar scope of services were provided.

1. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	E-mail Address:	Specific Date of Contract – From - To - - - -
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$
2. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	E-mail Address:	Specific Date of Contract – From - To - - - -
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$
3. Name of Firm:	Address of Firm:	Contact Person:
Telephone #: - -	E-mail Address:	Specific Date of Contract – From - To - - - -
Name or Contract No.	Type of Service:	Annual Dollar Amount: \$

REQUIRED FORMS - EXHIBIT 3

COMMUNITY BUSINESS ENTERPRISE INFORMATION

I. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
Number of California Employees:						
Total Number of Employees of Firm (including owners):						
Race/Ethnic Composition of Firm. Please distribute the total number of employees of Firm into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

II. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: *If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

REQUIRED FORMS - EXHIBIT 4
CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any SOQs submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Vendor Name:

Vendor Official Title:

Date: - -

Official's Signature

REQUIRED FORMS - EXHIBIT 5

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Vendor shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@dpss.lacounty.gov

Vendors unable to meet this requirement shall not be considered for contract award.

Vendor shall complete all of the following information, sign where indicated below, and return this form with their SOQ.

A. Vendor has a proven record of hiring GAIN/GROW participants.

☐ YES (subject to verification by County) ☐ NO

B. Vendor is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN/GROW participants.

☐ YES ☐ NO

C. Vendor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

☐ YES ☐ NO ☐ N/A (Program not available)

Vendor Organization: _____

Signature: _____

Type or Print Name: _____

Type or Print Title: _____

Date: - -

Telephone Number: - -

FAX Number: - -

REQUIRED FORMS - EXHIBIT 6

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name: _____

Address: _____

Internal Revenue Service Employer Identification Number: _____

☐ Vendor or Contractor is exempt from the California Nonprofit Integrity Act.

California Registry of Charitable Trusts "CT" number (if applicable): _____

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

If Vendor or Contractor is not exempt, **check the Certification below that is applicable to your company.**

☐ Vendor or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

☐ Vendor or Contractor is registered with the California Registry of Charitable Trusts **as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586** under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Contractor shall be listed in good standing and is required to **annually** renew its registry with the Attorney General's Registry of Charitable Trusts.

Signature

Date: - -

Name of Signer: _____

Title: _____